

Unrealistic career plans

Read our sample scenarios and possible points for action.

Scenario 1

Doctor C is an F2 who applied to do ophthalmology this year and although he was invited to an interview, he didn't get the job. At present when August comes he doesn't have a job to go to, so he plans to locum for a year, and then apply again.

Although Doctor C realises that there are very few posts available in this specialty, he hasn't considered a plan B.

Scenario 2

Doctor D comes to you for career advice saying that they want to apply for basic specialist training in surgery, with a long-term goal of training in a particularly competitive surgical specialty. Yet in their F1 assessments they were graded as 'borderline for F1 completion' on some of the assessment tools, and in particular, their performance seemed highly variable on some of the DOPS (Direct Observation of Procedural Skills) assessments.

Focus on asking challenging questions

Points to consider

This issue is more likely to occur in the supervision of foundation doctors than medical students. But if you are faced with a trainee doctor who wants to pursue a career plan that you feel is completely unrealistic – your first task is to provide a balance of support and challenge. In other words, you want to discuss where you see their key strengths as lying and the possible career implications of these. You also want to/should challenge them with probing questions that clearly set out your concerns about their chosen career plans.

Rather than agonising over whether or not you should advise the trainee doctors to reconsider their career choices, you should focus on asking the following sorts of challenging questions:

- what does the trainee doctor see as their key strengths?
- how does this self-assessment of their key strengths fit in with some of the assessment evidence in their learning portfolio?
- which specialties might allow them to make the most of their key strengths?
- in which areas have they been assessed as being less strong?
- are any of these areas important in terms of demonstrating their suitability for surgical training?
- is there a match between their areas of personal weakness and areas that are critically important in terms of suitability for surgical training?
- have they researched the likely competitiveness of Basic Surgical Training?
- what are their thoughts on the fact that competition for entry into Basic Surgical Training is going to be very tough, but they have not scored highly on the relevant key competencies?

Perhaps you are now asking yourself whether it wouldn't be better to tell your trainee doctor straight out that they are not suited for further training in surgery. It can be tempting to do so. But the approach outlined above is more robust because:

1. the 'calling a spade a spade' approach - for example "If I were you, I'd ditch surgery" - absolves the trainee from taking responsibility for their own decision making
2. posing challenging questions rather than providing answers makes it more likely that the discussion will be opened up, and the trainee doctor will start to think critically about their position
3. if you go down the "If I were you" route, your own pet likes and dislikes might influence the advice you give. This means that inadvertently you might be more likely to encourage the trainee doctor to reconsider specialties of interest to you, and to avoid those that you particularly disliked at medical school. And the "If I were you" route has a basic flaw: the trainee doctor is not you
4. your opinion could be wrong. For example, perhaps something is going on in the trainee doctor's private life that means that they have been sleeping poorly and, in turn, getting poor assessment results. But the trainee doctor knows that at medical school they received highly favourable feedback on their potential for surgical training

Avoiding the "If I were you" approach does not mean that you should avoid challenging the trainee doctor's career decision making. But you should do this by encouraging them to reflect on the robustness of their career plans through posing challenging questions to them, rather than suggesting answers.

The challenging, not suggesting, approach should help minimise concerns that you might provide poor careers advice. In fact, what you should really be concerned about is posing questions that are insufficiently challenging.

If the trainee doctor still persists in wanting to pursue a specialty that you believe is completely unrealistic, you can suggest that they should discuss their plans with somebody else. This

could be a clinician who has received additional training in career support, or a careers adviser. You should then write a brief summary outlining your own concerns about the robustness of their career plans, and give it to the person who will be providing this additional support.

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